

State and Islamic response to the AIDS in Indonesia

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Abstract

This paper explores the historical narrations of AIDS in Indonesia that shape its construction. It will focus on the relation between Governmental and Islamic responses to HIV/AIDS. In this research, we will focus on the governmental official commission on AIDS prevention (KPA) which is concern about HIV and AIDS and MUI as a government Islamic institution. This paper will argued that the responses of both parties in the Indonesian "narrations" of HIV/AIDS can influence the practice of AIDS prevention. Government ways to treat AIDS in Indonesia have changed overtime in line with the development of medical and social work efforts to cope with the problem of HIV/AIDS. However the Islamic institution response in Indonesia does not change anymore and seems not to have seriously attention in the issue of HIV/AIDS, it can be look from the unchanging MUI's fatwa which is limited the problem of AIDS solely as morality problem

Makalah ini akan menguraikan narasi historis tentang AIDS di Indonesia yang membentuk konstruksi terhadap penyakit ini. Fokus masalah yang akan diteliti adalah hubungan antara pemerintah dan kelompok Islam dalam merespon HIV/AIDS. Negara dalam hal ini diwakili oleh KPA (Komisi Penanggulangan AIDS) dan MUI (Majelis Ulama Indonesia) sebagai institusi Islam di bawah pemerintah. Makalah ini berargumen bahwa respon kedua kelompok tersebut tersaji dalam

suatu narasi penjangkitan HIV/AIDS yang berpengaruh terhadap tindakan penenangan AIDS di Indonesia. Cara penanganan pemerintah terhadap AIDS di Indonesia telah berubah sepanjang waktu sejalan dengan perkembangan medis dan upaya-upaya pada ranah pekerjaan sosial dalam mengatasi masalah AIDS. Namun sebaliknya, respon institusi Islam tidak berubah sama sekali, hal ini dapat dilihat dari fatwa MUI yang masih memandang persoalan AIDS sebagai persoalan moralitas.

Keywords: *Indonesia AIDS/HIV; Outbreak narration; Construction; KPA and MUI*

Introduction

This research explores the history of AIDS in Indonesia. It will focus on the relation between Governmental and Islamic response to HIV/AIDS. The responses of both parties to the “narrations” of HIV/AIDS in Indonesia can influence the practice of AIDS prevention. In this research we will focus on the governmental official commission on AIDS prevention (KPA) which is concern about HIV and AIDS and MUI as a Government Islamic institution.

In Indonesia, Islamic institutions and government play significant roles to construct HIV/AIDS in our society. Previous researches have revealed that the religious has constructed the AIDS as a moral issue.¹ Islam as majority religion in Indonesia through its political groups tries to boost Islamic values in daily life. While Kroeger (2000) has different perspective in the case of HIV/AIDS issues, she regarded that the government also plays the significant role to construct the AIDS issue through the state's role in promoting particular models of sexuality (*Keluarga Sakinah*) which based on the Islamic view. In the same way

¹See Ahmad Syams Madyan, *AIDS dalam Islam: Krisis Moral atau Krisis Kemanusiaan*, Bandung: Mizan, 2009, and see also Lauren Piper Crisovant, “Risky Business: Cultural conception on AIDS in Indonesia”, unpublished doctoral thesis, Pittsburgh University, 2006.

with Kroeger, Munro² had investigated to the AIDS in Eastern Indonesia. She states that the Indonesia's government have played important role in spreading the issues of AIDS in the term of moral issue and development. It has influenced both construction of AIDS and its prevention policy.

However, according to Madyan³ there is contestation between NGO activist and religious institution in the case of HIV/AIDS. The moral issues from the religion emerged which is in contrast with activist's views on the HIV/AIDS. There are differences of understanding also the practice to prevent the spreading of disease. For example the campaign of safe sex from the activist is often rejected by religious institution.

The first part of this paper tries to revisit the construction of HIV / AIDS in a narrative history of HIV/AIDS in Indonesia. From this history can be found that AIDS not only as a health issue but also considered as a matter morality. Government and religious institutions, MUI in this case played a major role in constructing the AIDS in Indonesia. This paper further concludes that the issue morality has substantial impact to treat AIDS in Indonesia.

This paper will argue that government's ways to treat AIDS problems in Indonesia have changed overtime in line with the development of medical and social work efforts to cope the problem of HIV/AIDS. However the Islamic institution response in Indonesia does not change anymore and seems not to have seriously attention in the issue of HIV/AIDS, it can be looked from the unchanging MUI's fatwa which is

²Jenny Munro, "Taking The Development, Papuan Youth, and State Discourse in Eastern Indonesia", unpublished master thesis, University of Victoria, 2001.

³Ahmad Shams Madyan, *AIDS dalam Islam: Krisis Moral atau Krisis Kemanusiaan*. Bandung: Mizan, 2009.

limited the problem of AIDS solely as morality problem. Government was ambivalent to response the issue of HIV/AIDS in Indonesia. It is caused of: Firstly, Islamic group which had endorsed the Islamic values strongly influencing their interest in a way of HIV/AIDS prevention is become an obstacle from KPA to be free in its policy. Secondly, the structure of KPA which is not independent effecting to the intervention in its policy.

Indonesian narratives of HIV/AIDS

AIDS is a new phenomenon, especially in Indonesia. As we know that this disease is caused by the HIV virus, but the origin of how the virus infecting humans, science itself is still yet to find certainty. Because of its mysterious origins, the disease has resulted in the "outbreak narratives" that shape the stigmatization of the infected and the "vulnerable" people. And this stigmatization attributes the morality and defines such social groups as vulnerable to the disease. Because the new phenomenon in Indonesia, AIDS initially considered as follows: first, HIV/AIDS is an imported disease that does not come from Indonesia. Second, it involves the morality to see it disease, arguably HIV/AIDS is caused by a deviation of behavior that is incompatible with the norms of religion and society.

AIDS for the first time officially recognized since 1982 in America.⁴ In 1983 Dr. Djuhairi Djoerban first tried to take blood samples from 30 Transvestites. From his research he concluded from the 30 people examined, there are two people who may be suspected of having the HIV virus. The question is why he checked the Transvestites. This is because the outbreak was first found in Homo sexual partner. While

⁴Homosexuality is the same-sex sexual orientation, while the transvestite demonstrates kind of sex that is considered "a man who resembles a woman".

the couple "homosexual" in Indonesia in culturally that time can hardly be detected, even far from the image most people about its existence. While the gender categories that can be identified as homosexual groups as vulnerable to the disease are Transvestites, although Indonesia's transvestites themselves are not considered to represent homosexuality.

So, it is not surprising that AIDS was initially considered a homosexual imported disease are deemed not reflect the values and behavior of the people of Indonesia. Just as said by the Head of Indonesia Health Minister Dr. Soewandjono Soerjaningrat that AIDS prevention is best not to go-coetaneous become homosexual ...⁵ in the 1984 the head of red Cross Indonesia stated that people did not necessary worry about the blood transfusion as long as the blood donors were not transvestites.⁶

Early construction of HIV found that HIV/AIDS was an imported disease. Minister said that one of the prevention against the disease is to prevent foreign tourists bringing in the disease. Even Dr. Arjatmo Tjokrnegoro, an immunologist at the Faculty of Medicine-University of Indonesia, suspected that people may be immune to AIDS because of the racial aspect.

Prior to 1987, the Government still assumed that AIDS as a disease caused by the violation of religious norms. This is because of this new disease was known to be transmitted through free sex. Health Minister even believed that there has been no case of HIV / AIDS in Indonesia. He declared: currently it is never found that one who really affected by the disease of AIDS. Answering a reporter's question, Minister of Health commented "If we fear to the Lord, we do not have to worry about

⁵<http://spiritia.or.id/art/bacaart.php?artno=1040>, accessed February, 12 2012.

⁶Ibid <http://spiritia.or.id/art/bacaart.php?artno=1040> accessed February, 12 2012.

infected by AIDS.”⁷

AIDS was officially found in Indonesia in 1987, when a Dutch tourist died at Sanglah Hospital, Bali. The death of the man recognized by the Ministry of Health was result of AIDS. Since then Indonesia as was registered in the WHO list of the 13 countries in Asia have reported cases AIDS. Since then the government’s views on AIDS have experienced a shift. AIDS which initially seen as a disease caused due to sexual abuse of religious values is now considered a disease that can infect anyone. This is due, as noted by the Minister of Health since the government began to realize that the spread of HIV / AIDS can be through the blood.⁸

Although the government had revised his opinion against HIV / AIDS, but HIV/AIDS prevention strategies by the government tend to be targeted at specific groups and specific people’s behavior. Key populations or vulnerable people to AIDS illness Indonesian from government’s version are the drug users, sex workers, transvestites. The results of government surveys, integrated HIV and behavioural surveys (STPH) year 2007, showed the average of HIV in the key population: 10.4% women sex workers, 4, 6% indirectly sex workers, 24. 4% transvestites, 0.8% sex workers costumers, 5.2% gay and transvestites, and 53.4% drugs users.⁹

According to Wald, AIDS is not the issue of disease transmission from one person to another. He explained that, infectious diseases and outbreak narrative can shape the way people think about their societies and how they relate to others in the face of danger and infection

⁷Ibid, Spiritia.

⁸Ibid <http://spiritia.or.id/art/bacaart.php?artno=1040> accessed February, 12 2012.

⁹<http://www.aidsindonesia.or.id/wp-content/plugins/downloads-manager/upload/ES-SRAN20102014.pdf> accessed February 12, 2012.

risks.¹⁰ The matter of AIDS in Indonesia can be strengthen Wald's opinion that the HIV/AIDS is considered an "imported disease" that are transmitted due to violations of the norms of religion and society. Therefore it can be said that the contagious illness and its outbreak narratives shape the definition of us and other. And simply AIDS is not solely the disease infecting people rather considered as infecting society. The danger of the AIDS' outbreak narratives are the stigmatization to the different group. *Waria* was considered as the suspect of HIV Spreading in early Indonesian HIV/AIDS cases, and these also impact to the discrimination to the People Living with HIV/AIDS (PLWHA).

Outbreak Narratives on HIV/AIDS in Indonesia also result on the precaution of HIV/AIDS in Indonesia. Until 1997, the Indonesian government delayed in responding to the issue of AIDS which has spread in Indonesia. Before found a significant amount in Indonesia, the phenomenon of AIDS was not considered a threat, this is because of cultural assumptions that people of Indonesia are religious people. It means AIDS was defined as a disease caused by the reprehensible acts and violations to the religion.

Until 1996, According To Ann Kroeger, AIDS was a "new disorder" social phenomenon in Indonesia. What was intended as a new disorder of social phenomenon, that the AIDS issue was not considered a problem only as a disease affecting the health, but also as a new social issue that brought panic within the community Not surprisingly, when the number AIDS had already noted, HIV/AIDS brought panic thus invited the response of all elements of society, not least religious groups.

¹⁰Priscilla Wald, *Contagious: Cultures, Carriers and The Outbreak Narrative*, Durham, NC: Duke University Press, 2008.

Government practices on HIV/AIDS prevention

New order era

The practices on AIDS prevention in the new order was still constrained to political and moral matters. By reason of the development, the government seems to be careful in responding to this issue, because it was deemed as disturbing social order. This is evidenced, for example, with very little government report about the number of people with AIDS. Politics and morality can also be the problems that hinder the government in formulating strategic steps to prevent AIDS.

In 1994 Indonesian government implemented first national AIDS strategy with funding and assistance from AUSAID (Australian Agency for International Development), the policy set up national, regional, and local government to cope AIDS issues. Through Presidential Decree No. 36 In 1994, the government directly formed the National AIDS Commission (KPA). It outlined policies for surveillance, clinical management of AIDS cases. KPA was in charge to prevent, educate and protect for the rights of persons with HIV/AIDS. National AIDS strategies was under the responsibility of the Indonesian' Coordinating Ministry for People Welfare (*Menko Kesra*) with the assistance of others government ministry such as ministries of Health, National Coordination Board on Family Planning (BKKBN), Ministry of Religion, Ministry of Social Affairs, Ministry of Education, and each have some role in carrying out the part of the program.¹¹

KPA was the most authoritative Indonesia's AIDS strategy under new order government. KPA was seldom criticized by AIDS activists. The problem was that KPA in the early work had very little mechanism to implement or enforce the policy. KPA monitored and controlled the

¹¹<http://spiritia.or.id/art/bacaart.php?artno=1040> accessed February, 12 2012.

NGO's activity on AIDS. Nevertheless, KPA appeared to have little to implement their program rather it was as reporting agencies.¹²

In 1995 under the explanation from The KPA about HIV/AIDS, MUI (the Ulama council) released the fatwa about HIV/AIDS. The Fatwa considered to the Islamic moral values to prevent AIDS. MUI considered the way people infected HIV/AIDS through blood and sexual transmission, Instead MUI did not include the drug user through injected needle as a issue of morality which was as a cause of the spreading HIV/AIDS.

Government's policy on condoms by the release of circular letter from the Director General of PPM & PLP on December 19, 1996 that it will require all customers of prostitutes to use condoms in sexual relationships. Essentially the policy is to encourage condom only at high-risk sexual behavior and not for ordinary people. But in general, customers do not want to use condoms with a variety of reasons. Ironically prostitutes had received a customer who does not want to use condom in order to provide their basic needs.¹³

However the government when it was still biased towards implementing the use of condoms to the public. The problem lied in the construction of high-risk groups. Prostitution is a major concern in treating AIDS, however, facilitating prostitution, government be able to inhibit the spread of AIDS from this sector, but instead the customers of prostitutes very little attention.

Another problem is the use of a condom that is only advisable among female sex workers, the rest no recommendations on regarding safe sex. Though the vulnerability is not only happening in prostitu-

¹²Ann Kroeger, "Risk Boundary Making and Social Order: Understanding Social Construction on AIDS in Indonesia", unpublished dissertation, Washington University, 2000, 65.

¹³<http://www.bkkbn.go.id/Webs/DetailRubrik.php?MyID=299>

tion, even wider. Government still hesitates to promote condom to the wider society due to moral considerations which promote condom as the same by promoting free sex.

According to Kroeger¹⁴, The Indonesian state has played significant role in promoting particular models of gender and sexual relationships and in the emphasizing or even discouraging others. Its response to AIDS has positioned the Indonesian family as a safe haven from both moral and physical disease based on presumption of Islamic morality, sexual monogamy and "family resilience" (*ketahanan keluarga sakinah*).

In 1996 According to Kroeger,¹⁵ KPA and USAID cooperated to implement USAID'S IADS programs and implemented the HIV/AIDS prevention project (HAPP).

1. Promote behavior change communication in order to increase public awareness and to motivate people to reduce high-risk behaviours
2. Provide technical support for policy makers at national, provincial and local levels to help them implement HIV/AIDS prevention policies defined in the National Strategy
3. Improve clinical management (diagnosis and treatment) of sexually transmitted disease.
4. Expand access and promoting of condoms through collaboration with the private sector.

The HAPP agreement did not have a provision for targeted interventions to male sex workers; in this case, it referred almost exclusively to a class of men known in Indonesia as transvestites. (gender non conforming male homosexuals"). *Waria* was supported and con-

¹⁴Ann Kroeger, "Risk Boundary Making and Social Order: Understanding Social Construction on AIDS in Indonesia", 7-8.

¹⁵Ann Kroeger, "Risk Boundary Making and Social Order: Understanding Social Construction on AIDS in Indonesia", 71.

cerned by Gaya Nusantara an NGO which is concern in Gay and lesbian activism, while HAPP did not include Gaya Nusantara in its program. It seems the government policy deliberately not to be contrasting with religious issues. It is the time under Soeharto last period that he embraced Islamic opposition political group that for a long time tend to force Islamic law in to the constitution. Soeharto embraced them in order to reach a sympathy of Islamic group which regarded him as anti-Islam and also to reduce the political stress between Soeharto and Islamic politic.

The political dynamic in New Order era seems that the AIDS policies in Indonesia cannot be escaped from political context at the time. Along 1970-1980 according to Bruinessen¹⁶ was the emerging of Islamic middle class group which tend to enforce Islam to the daily life. In 1991 ICMI was emerged. It was the representation of Islamic intellectual and middle class in the bureaucratic position. ICMI was also the Soeharto fabrication of Islamic movement in order to get the support from Islamic intellectual and middle class. The rising of Islamic forces in the governmental position which was endorsed by Soeharto may influence the AIDS policies. Indirectly, ICMI have been involved to reject the campaign of anti condom. Through the ICMI news paper (Republika), it campaigned that condom use was failed to prevent the spreading of AIDS through its articles.¹⁷

In 1998, according to Kroeger, Health ministry assessment to the AIDS patients had to be mentioned the names and birth date. In that era sex worked had been routinely subjected to mandatory testing by

¹⁶<http://www.let.uu.nl/~martin.vanbruinessen/personal/publications/State-Islam.htm>

¹⁷Republika released article from the minister of Family planning Haryono Suyono, stated that Condom used for family planning despite did not use to prevent AIDS. Suyono.Haryono: 'Kondom Dirancang Untuk KB, Bukan Untuk HIV/AIDS, *Republika*, 1994. See Dadang Hawari, *Global Effect HIV/AIDS: Dimensi Psikoreligi*, Jakarta: Balai Penerbit FKUI, 2004.

government health authorities¹⁸. She reported that a stereo-positive sex workers would be informed by health department would then routinely notify health and political officials in their local jurisdiction, so that they could be monitored. At that times the woman's picture and identity would be printed in the local news paper, causing her to be harassed by frightened neighbours.

Under Soeharto's Government there was lacking of research on HIV/AIDS. This condition was maintained by Dede utomo who stated extremely that under Soeharto government research on HIV/AIDS was not allowed. Crisovant has argued that the Indonesia physicists have a lack of understanding on HIV/AIDS.¹⁹ But according to Madyan²⁰, The research on HIV/AIDS was dominated and centralized by two institutions, University of Indonesia and RSCM (Cipto Mangun Kusumo State Hospital). These situations have impacted on the cultural conception on HIV/AIDS in the country. Although their research on HIV/AIDS from medical investigation, but it does not guarantee that they are free from religious value in their assessment.²¹

HIV/AIDS in post Soeharto era

In this reformation period, government's efforts in to prevent the spread of HIV / AIDS are more strategic. Government programs are even more "bold/dare" such as campaigning for the use of condoms than

¹⁸Ann Koeger, "Risk Boundary Making and Social Order: Understanding Social Construction on AIDS in Indonesia", 34.

¹⁹Lauren Crisovant Piper, "Risky Business: Cultural conception on AIDS in Indonesi", unpublished doctoral thesis, Pittsburgh University, 2006.

²⁰Ahmad Syams Madyan, *AIDS dalam Islam: Krisis Moral atau Krisis Kemanusiaan*, Bandung: Mizan, 2009, 89.

²¹UI released the book about the rejection on condom using to prevent HIV/AIDS. See Dadang Hawari, *Global Effect HIV/AIDS: Dimensi Psikoreligi*, Jakarta: Balai Penerbit FKUI, 2004.

before. Campaigns were directed not only to those who are considered vulnerable to the spread of this virus, but also to the community more broadly, such as procurement of ATM condom and public advertisement to use condoms in risky sexual behaviour. However, as we will discuss later, the government's strategic efforts will always be dealing with religious groups that have retained prevention through strengthening morality. Therefore, the KPA cannot afford maximize every policy made for the prevention of AIDS.

In 2002, government through the Ministry of Public Welfare with Health Ministries set a National Program on HIV/AIDS. This program covered about revitalization movements that involved KPA with the role of NGOs, experts, academia, and civil society. Institutions remained chaired the Coordinating Minister for People's Welfare, Minister of Health as the daily chairman of KPA.

This National Program on AIDS sets laws and regulations, government regulations, and other policies for prevention, care, assistance, treatment, including guarantees convenience and affordability of drugs of HIV/AIDS; reduction of vulnerability to HIV/AIDS, protect the rights and obligations of people infected with HIV/AIDS ; promotion of reproductive health, including 100 percent condom use in high risk groups, use of sterile needles, blood safety and donor organs, as well as efforts to eliminate discrimination against people with HIV/AIDS²².

The government set a National Condom Week (PKN) first performed 1 to 8 December 2007 with activities that include the distribution of educational materials throughout all regions in Indonesia. The activity included training, talk shows, music concerts, writing and photography contests for journalists and bloggers. The result of PKN, this

²²<http://www.kompas.com/kesehatan/news/0204/24/015929.htm>.

event protested twice, was charged as "corrupting the morals of the nation," by some Islamic religious groups.²³

KPA does not reject the use of condoms in the prevention of AIDS. KPA acknowledges the use of condoms to be effective in order to prevent AIDS via sexual transmission. The absence of guarantees from the government in providing condoms is also because the refusal of some communities on using of condoms. However the refusal may be considered as a barrier to prevent AIDS through the sexual transmission.

Government through the KPA is very ambivalent in responding to the use of condoms. Using condoms to prevent HIV/AIDS is still a matter of controversy. KPA defines the risk of AIDS transmission as risky sex behaviours that do not use condoms, whether male or female. On the other hand, the KPA also sees that sex outside the marriage is also a risky sex.

The ambivalence of the KPA is also the problem of representation. KPA in the New Order does not involve homosexual community while KPA categorizes homosexuals as a group at high risk. NGOs who are eager to homosexuals like Gaya Nusantara engaged them in dealing with the spread of HIV / AIDS in own program without including in the KPA. Recently the developments KPA in the regions have involved NGOs homosexuals within the program.

The ambivalence of KPA in dealing with AIDS in Indonesia is because in our opinion, Structure of the KPA, which is an organization formed by the government led to lack of independence from its program dealing with AIDS. KPA structures involving other departments such as departments of religion indicate the ineffectiveness of the KPA

²³<http://spiritia.or.id/art/bacaart.php?artno=1040>.

in executing the program. From this structure, every program of KPA is interfered by other institutions that the KPA is very careful in implementing the program.

Through the formation of Islamic government entities such as the MUI and other Islamic mass organizations such as ICMI, Muhammadiyah and NU, the situation directly encourages governments to include the issue of Islamic morality in the handling of AIDS in Indonesia.²⁴ On one side of Islamic groups are also hampering the efforts to prevent AIDS through condoms in Indonesia. KPA is dilemma in the body of its efforts to prevent AIDS involving health and social works issues (tend to labour in the fields of Health and social work and attempt to frame the debate on AIDS outside moral consideration) while the issue of morality strongly interferes KPA to implement its program.

Religious Response to HIV/AIDS

Government's response to HIV / AIDS in Indonesia pertained late. Since first identified in 1983 by Dr. Zubairi Djoerban through a study of 30 transvestites in Jakarta, where two of whom were otherwise in possibility of AIDS, the government attentions to the spread of HIV / AIDS took place seriously just in 1994. It can be seen from Indonesia's participation in the Paris Summit in 1994 that focused on equal treatment for PWAs. In the same year through the Presidential Decree No. 36 In 1994 the government directly formed the National AIDS Commission (KPA), which specifically deals with prevention and mitigation of the spread of the virus. Ironically, during the 11 years the spreading of this deadly disease tended to be ignored by the government.

²⁴Ahmad Syams Madyan, *AIDS dalam Islam: Krisis Moral atau Krisis Kemanusiaan*, Bandung: Mizan, 2009.

On the other hand, religious responses were declared a year later. In 1995, Ministry of Religious Affairs (DEPAG), together with UNICEF and the MUI, which was then headed by KH Hasan Basri, issued a fatwa related to AIDS prevention in Indonesia, including the establishment of a forum "*Mudzakarah Nasional Ulama*" concerning about controlling the transmission of HIV/AIDS. The response was then followed by the NU via "*Bahtsul Masail*" in 1997 and then followed by concrete response of Muhammadiyah in 2005 through the launching of the book "*Friday Sermon*" about AIDS.

Our focus here is to critically examine how the religion—in this case, the MUI as an Islamic Institution—constructs the understanding of the HIV/AIDS in Indonesia through a fatwa issued and try to find the intersection between religion and government responses to PWAs.

The fatwa issued by the MUI in 1995 is the first source used to examine the religious construction on the HIV/AIDS crisis in Indonesia. Although impressively slow and not *up to date* anymore, the fatwa at least shows the seriousness of religion in responding to this kind of social issue. Overall, the fatwa "*Tadzkirah Bandung*" contains three main points; first, on the basis of HIV & AIDS theology as understood by the MUI. Secondly, regarding the role of the MUI to give education related to HIV & AIDS to society, and third, some recommendations for the MUI fatwa commission.

The construction of AIDS understanding via MUI seems clear within the fatwa. By quoting the verse of the Qur'an (Surah Al-Anfal 8: 25) as its theological-epistemological based, the fatwa has implicitly reflect the MUI's perspective on AIDS as a punishment of God. This religious perception gives, of course, a very big impact to the people living with HIV. In fact, the MUI as Indonesia's largest religious institution seems less cautious in responding to this sensitive issue. This fatwa has brought

to discrimination against people living with HIV. So, it is not surprising if until today there still many religious people who think HIV/AIDS as a punishment from God, as God punished the people of the Prophet Luth (as recorded in the scriptures of Christianity and Islam), or it is the result of a karma from bad deeds. Therefore, there is still antipathy toward people living with HIV, who regard them as immoral people who have committed immoral deeds.

There are many stories that tell us how PWAs are ostracized and 'punished' by the community and then let them experience prolonged pain and loneliness until their death. Yet among the people living with HIV are faithful wives and innocent children. In the other side, we can see how religious institutions, clergies, scholars who in other cases much more care about, but for the HIV/AIDS pandemic even to clarify they tend to let the AIDS sufferers to experience prolonged death in agony.

The religious ignorance could be caused by the misunderstanding of this pandemic. From the MUI fatwa, it clearly shows that the MUI has a very bad perception towards people with AIDS. The indications can be seen from the last recommendation of the fatwa which states that people with AIDS will be guided to repent and stop their sins and bad deeds, and hopefully their repentance accepted by God. It clearly shows that the MUI did not try to eliminate the stigma of AIDS patients even it actually produces the stigma of AIDS as a punishment from God. Although morality messages perfectly acceptable, but when in contact with AIDS patients, the reproduction of AIDS stigma continues with the identification of AIDS as a result of immoral behaviors.

"Tadzkirah Bandung" which was expected to be the first religious step to fight against AIDS and at the same time to protect the rights of PWAs backfired the MUI itself. The fatwa issued need to be re-

examined and questioned. The National Conference that was attended by scholars, the Ministry of Religious Affairs (DEPAG), UNICEF, and even prominent figures from the governmental institutions such as Minister of Religion, Welfare, and Health Minister was not even able to formulate an ideal response to PWAs and handle it. Even if we look at the basic sources used for fatwa (such as articles and other various researches on HIV/AIDS), the response should not only consider the factors of sexuality, without considering the transmission of AIDS through asexual means, such as from mother to child. Impact, the fatwa was later resulting in a very bad stereotype of people living with HIV in their community as well.

We then questioned the seriousness of the MUI in giving a response to the HIV/AIDS crisis. Are the *fatwas* regarded as an inviolable final decision from religion? Or do the *fatwas* just want to show that the MUI actually concerned about the AIDS problem even though it is no longer productive even tend to discriminate? Since the first issued in 1995 until today, the fatwa has not been ever revised to be even continuously published. If for some reason that when the fatwa was issued, the information and knowledge about HIV/AIDS was still very limited, then why now, when knowledge about AIDS in terms of medical, social, and moral have spread, the MUI has not issued a new policy? Here, it is obvious that the MUI *fatwas* are like an ice ball that is thrown into the public and then allowed to be consumed without even considering the impact of it. Ironically again, the MUI did not apparently want to care how the dynamics that occur after they scroll the ice ball.

If indeed MUI concerns seriously to this problem, there must be concrete, more progressive, actual and comprehensive steps in controlling the spread of HIV & AIDS epidemic. At least, revise the previous fatwa with the more productive by taking into account all the

complexities of AIDS, because the role of a fatwa is very important in providing a true understanding of the public. Since the fatwa helped shape public opinion. If the fatwa is less good, then public opinion is formed in any less good. Though, ideally a fatwa as a religious opinion concerning Islamic law issued by an Islamic scholar should provide the best solution to any problem without injuring other interests. Religion should be positioned as a solution instead of exacerbating the existing problem. By tracing back the MUI fatwa, we can say that the MUI fails to understand the complexities of AIDS and contribute meaningful contribution to people living with HIV and the society.

Condom controversy

This view of condoms as one way of preventing HIV/AIDS until now is still controversial. Some people consider this way may promote the un-marriage couple and adultery. One of the important points of the MUI fatwa is that the institution imposes using condoms only for married couples who are infected with HIV/AIDS. This suggestion is in opposition with government recommendations that aggressively promote the use of condoms as a preventive tool through ATM condom programs. Islamic mass organizations such as MMI (Majelis Mujahidin Indonesia), and MUI also refused to campaign the use of condom as it is considered not solve the problem. Even Dadang Hawari considers that the condom campaign mislead the public. Hawari is as one who strongly opposes the use of condoms. According to him, the condoms seem as permissive ways to do the adultery.²⁵ The motto "safe sex is condom use" should be changed to be "safe sex is no sex" and mutually faithful monogamy.

²⁵Dadang Hawari, *Global Effect HIV/AIDS:; Dimensi Psikoreligi*, Jakarta: Balai Penerbit FKUI, 2004.

The view is not much different from MUI fatwa. However, MUI recommends to use condoms for husbands and wives that are in high-risk of HIV/AIDS. Indeed, in handling the problem of AIDS, governments and NGOs need more dialogue and involving to the religious leader. The resistance to ATM condom programs occurs because of the absence of the initial communication between government and the Islamic clergy. According to Madyan, the goal of the campaign is the use of condoms is in opposition with the principles of Islamic law which recommends choosing the lesser danger of double jeopardy. Having sex outside of marriage is *haram*, but even more dangerous if unprotected sex becomes a means spreading the HIV virus that can cause death in large quantities. Clearly, preventing death is the moral message of all religions.

Maria Ulfa has the same view. According to her, anti-condom campaign can not resolve the problem because letting people infected with HIV/AIDS have unprotected sex means allowing the transmission of HIV²⁶. Those views should be changed by using the rule of Islamic jurisprudence approach that is "choosing the lesser danger of double jeopardy to prevent HIV/AIDS. In this case socializes the use of condoms as one way of preventing HIV / AIDS are much less serious than socialization of banning condoms by religious groups. Although using condom is still possible to be misused, but it cannot be generalized with a possibility that has not happened while the important thing now prevent unprotected sex with an infected person.

²⁶Maria Ulfa, "Respon Agama Islam Terhadap Problem Sosial Penanggulangan HIV/ AIDS dan Narkoba", *Newsletter Interfidei*, Yogyakarta, Insitut Dian/Interfidei, 2006.

AIDS treatment for Indonesian future

Construction of Islamic groups against AIDS is unlikely to change. AIDS is still understood as a disease caused by the disobedience of religious values. Indeed, the religion was brought by the findings of medical experts. Or the values of the religion lead the experts to construct AIDS as a disease caused by a violation of religious values. However there is a very strong bond between the moral values brought subjectively on empirical investigations against AIDS. It forms AIDS as a matter of moral consideration.

The construction AIDS, with a moral consideration, in Indonesia is very influential on the practices to treat this disease. It seems clear as we can see from government policy categorizes those most vulnerable to AIDS infection as a key population. Therefore of this categorization, the handling of AIDS prevention is limited to the group, consequently escaped the attention of governments towards others, for example AIDS could occur among the students. If the views on this disease is impossible to change, governments need to develop new strategies in the handling AIDS. New strategies are that the range of campaigns and prevention efforts against HIV/AIDS should involve the whole the community more broadly.

In fact, the phenomenon of AIDS likes an iceberg, the hidden was larger quantity larger than the appeared. More extremely it can be said that AIDS is not looking at anyone to be transmitted. Actually it is fine when the government's main consideration to categorizes as a key population If the reason is to simplify socialization efforts and prevention of the dangers of AIDS. But these efforts are also necessary to keep in mind to the broader cultural impact.

Constructions of AIDS that attributes the morality have an impact on discrimination against people with AIDS / PWHA. Up to the present

discrimination against people with AIDS are still ongoing, despite campaigns against the acceptance of the PWHA are continue. MUI as a representation of Islam still treats people with of AIDS unfair. MUI's unchanged fatwa treats the people with of AIDS to encourage repentance. In fact, people living with HIV may not necessarily perform the actions considered by the MUI as a violation of religion, such as the child from the parents who are HIV positive. Moreover the recommended converted as if blaming people living with HIV as sinners. In fact people living with HIV need to be strengthened to remain steadfast hold of their life.

From these problems, upcoming, both response and prevention to the AIDS need to be evaluated. The issues of AIDS in Indonesia have been ongoing process. Government ways to cure AIDS problems in Indonesia have changed overtime in line with the development of medical and social work efforts to cope the problem of HIV/AIDS. However the Islamic religious construction in Indonesia does not change anymore and seems not to have seriously attention in the issue of HIV/AIDS that HIV/AIDS is still as a matter of moral consideration, it can be look from the unchanging fatwa which is narrowing the problem of AIDS as sexuality problem. Government was ambivalent to response the issue of HIV/AIDS in Indonesia. The ambivalence is caused of among others. First, Islamic group which had endorsed the Islamic values strongly influencing their interest in a way of HIV/AIDS prevention is become an obstacle from KPA to be free in its policy. Second the structure of KPA is not independent effecting on the intervention in its policy. Its structures automatically burden KPA to be free in implement their program.

Upcoming, KPA needs to be independent in its structure, and to be free in implementing the program which based on the development of health and social issue on HIV/AIDS. Furthermore KPA also needs to

engage religious element on its program, in order to make a bridge between the religious issue and social/medical issue on HIV/AIDS. Therefore the cooperation and understanding each other to face the Issue of AIDS in Indonesia is important to be done, considering the fact that Indonesia is as "religious nation". For MUI and also Islamic religious group should take serious attention in the development of AIDS issue in Indonesia, by the contextualizing Islamic value in order to adapt HIV/AIDS to the social context AND immediately revise fatwas about PLWHA's repentance.

In conclusion, in the future, between the MUI and the KPA need to perform cooperation because there is a possibility for the mutually supportive. Cooperation between these institutions is no other than the search for interconnectedness between the issues religion, health and social work in responding to HIV / AIDS. The Government requires religious institutions to actively campaign for the prevention of HIV / AIDS through religious messages. Instead religion institutions may need to look more open, and turn a blind eye on the development of health sciences knowledge on AIDS. The last but not least, religious institutions need to think more strategically about AIDS prevention from the perspective of social work to counteract the spread of this virus more widely.

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